

## Eli's Rehab Report

### Reader Question: Care Plan Oversight

**Question:** I'm confused about the difference between the care plan oversight codes [G0181](#) and G0180. Can I bill G0180 without G0181, or must I start with G0181, and then charge the certification code later? We do a lot of wound care and often face this problem.

California Subscriber

**Answer:** There is no indication that one of these codes must be used before the other, but if your physician's documentation reflects a review of initial or subsequent reports, he or she should report G0180 (Physician certification services for Medicare-covered services provided by a participating home health agency [patient not present] ...), because the physician is essentially reviewing and certifying the plan of care. G0180 can be billed only when the patient has not received Medicare-covered home health services for at least 60 days; the home health agency recertification code (G0179) should be used after a patient has received services for at least 60 days (or one certification period). It should also be noted that nonphysician practitioners may not be reimbursed for certification and recertification codes G0179 and G0180.

If the physician's documentation reflects complex, multidisciplinary care during a calendar month, he or she should add all of the time spent, and if it totals more than 30 minutes, report G0181 (Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency [patient not present] ...). This corresponds to [CPT 99375](#) (Physician supervision, 30 minutes or more) in the care plan oversight code section.

Medicare does not reimburse for care plan oversight if less than 30 minutes per calendar month are spent on this service. Physicians typically maintain some type of monthly log which lists the patients they are following at a particular home health agency. Then, as they visit the agency and perform care plan oversight services, they document how many minutes each patient's care took on each date. At the end of the month, this list is turned in to the physician's billing office and the minutes are added together if it totals 30 minutes or more, they can bill G0181.